

Thank you for your interest in having a member of Business Affairs and Consumer Protection to participate at your event. Please complete the form below and submit a saved copy of it electronically by e-mail to BACPoutreach@cityofchicago.org.

Name of Event:_					
Sponsoring Orga	nization:				
Start (Date/Time):		End	End (Date/Time):		
Goal of Event:					
Event Audience (e.g., biz owners):				
Alderman/Elected Officials Invited?					
Event Open to Media? ☐ Yes ☐ No		□No	Est. Nu	umber of Attendees:	
Address of Event	::				
Building/Rm No.:			City/State/Zip:		
Contact's Full Na	me:		<u>.</u>		
E-Mail:		Telephone:			
				☐ Luncheon Speaker	
-	☐ Welcome	Welcome Remarks ☐ Expo Table		Expo Table	
Request Topic/Description (e.g., est. speaking time):					
Please attach a draft agenda. Also, please provide a brief history of the event:					

Due to the number of requests, BACP is not be able to accept every invitation. We would like to assure you, however, that your request will be given proper consideration. The form must be filled out in its entirety for your request to be considered.

